

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		1				
5		2				
6		1				
7		1				
8	1	1				
9		1				
10	1					
11	1					
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19	1					
20		2				
21		2				
22	1					
23	1					
24		2				
25	1					
26		1				
27		1				
28		1				
29		1				
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31		1				
32		1				
33		1				
34		1				
35		1				
36	1					
37		1				
38		1				
39		1				
40		1				
41		2				
42	1					
43	1					
44	1					
45	1					
46		1				
47						
48						
49						
50						
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	52					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS